

Joint Legislative Committee to
Screen Candidates for College and University Boards of Trustees



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**PERSONAL INFORMATION
FOR
SLED BACKGROUND CHECK**

DATE: _____

CANDIDATE FOR: _____

NAME (please print) _____

ADDRESS (please print) _____

DATE OF BIRTH _____

PLACE OF BIRTH (city and state) _____

RACE _____ **SEX** _____ **WEIGHT** _____ **HEIGHT** _____

DRIVERS LICENSE OR ID NUMBER _____

STATE _____

SOCIAL SECURITY NUMBER _____

SIGNATURE _____